

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14983

State File No.

Registrar's No. 19

FILED APR 28 1944

Registration District No. 1634

Primary Registration District No. 3031

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Desoto
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
126 E. Kelly
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 6 Weeks years, months or days)

3. (a) PRINT FULL NAME ROSA BELL MEDLEY

3. (b) If veteran, name war 3 3. (c) Social Security No. No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Joe D. Medley 6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased June 19 1877 (Month) (Day) (Year)

8. AGE: Years 66 Months 8 Days 29 If less than one day hr. min.

9. Birthplace ? Mo. (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name William Thomas Christopher 13. Birthplace ? Mo. (City, town, or county) (State or foreign country)

14. Maiden name Mary Anne Fears

15. Birthplace Robert Christ Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Robert Christopher

(b) Address Desoto

17. (a) (Burial, cremation, or removal) Burial (b) Date thereof March 20, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Bunker, Mo.

18. (a) Signature of funeral director Lee Mothershead

(b) Address Desoto, Mo.

19. (a) 3-74-44 (b) Fern Spencer (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Reynolds
(c) City or town Bunker (If outside city or town limits, write "RURAL")
(d) Street No. 10 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country /

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18
year 1944 hour 8 minute 10A. M.

21. I hereby certify that I attended the deceased from Feb 17th 1944 to March 18 1944
that I last saw her alive on March 17 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Dilatation of Heart + Mitral Regurg Duration 7 yrs

Due to Influenza Respiratory with Empyema 2 mo

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature F. G. Elder (M. D. or other) MD
Address Desoto Mo Date signed 3/18/44

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-27-44

APR 19 1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

John Motherhead

Licensed Embalmer No. 3531

P. O. Address

Desoto m

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.